

141 MIRONA ROAD  
PORTSMOUTH, NH 03801



FOUNDED BY:  
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A FAMILY HEALTH OASIS

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### **INSURANCE VERIFICATION FOR PATIENTS**

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**Please call your insurance company and gather the following information:**

Name of Insurance Company: \_\_\_\_\_

What is the effective date of your insurance coverage? \_\_\_\_\_  
(Effective date is the month/year your coverage begins)

Does your insurance company cover CHIROPRACTIC CARE? **Y / N**

Are we IN-NETWORK with your insurance company? **Y / N**

Are your X-RAYS covered if a chiropractor takes them IN-OFFICE? **Y / N**  
(These are DIAGNOSTIC x-rays)

Are your EXAMS covered?

Code: 99204 (New Patient Exam) **Y / N**

Code: 99214 (Report of Findings/Re-Evaluation Exams) **Y / N**

Code: 99213 (Progress Exam) **Y / N**

Do you have a DEDUCTIBLE and does it apply to your chiropractic care? **Y / N**  
(A deductible is what you have to pay out of pocket before you can benefit from your insurance paying toward your treatments)

If you have a deductible, what is the total dollar amount? \$ \_\_\_\_\_

If you do have a deductible, how much have you paid toward it? \$ \_\_\_\_\_

\*Please feel free to call us if you have any questions!